		·						
SEDA .	POTEN HAZARDOUS WASTE SITE							
	FINAL STRATEGY DETERMINATION					0830		
File this form in the region Syste .; Hazardous Waste						tection A _f	tency; Site	Tracking
		I. SITE IDENT						
R OF TOOL / D. O. O. C. C			MADISON ALE E. ZIP CODE					
BARTON LANDFILL			D. STATE	77777130	77	E. ZI	PCODE	·
MADISON			124					
		II. FINAL DETE						
Indicate the recommended	action(s) and agency(1	es) that should be i	nvolved by ma	arking 'X' is	n the appro	ACTION		
RECOMMENDATION				MARK'X'	EPA	STATE	7	PRIVATE
A. NO ACTION NEEDED					×			
B. RE IEDIAL ACTION NEED (II es, complete Section II	DED, BUT NO RESOURC	ES AVAILABLE						
C. REMEDIAL ACTION (II ye	s, complete Section IV.)							
D. ENFORCEMENT ACTION (If yes, specify in Part E whether the case will be primarily managed by the EPA or the State and what type of enforcement action is anticipated.)								
E. RATIONALE FOR FINAL		-	をリル	0 4	192A	RP		
US EPA RECORDS CENTER REGION 5								
F. IF A CASE DEVELOPMEN THE DATE PREPARED (#	T PLAN HAS BEEN PR	EPARED, SPECIFY	G. IF AN ENF	ORCEMENT ED (mo., day,		BEEN FIL	ED, SPECI	FY THE
1. NAME			2. TELEPHOI				ATE(mo., de	
P. Din	i cK		886-	6710		18	13-82	ò

III. REMEDIAL ACTIONS TO BE TAKEN WHEN RESOURCES BECOME AVAILABLE

List all remedial actions, such as excavation, removal, etc. to be taken as soon as resources become available. See instructions for a list of Key Words for each of the actions to be used in the spaces below. Provide an estimate of the approximate cost of the remedy.

A. REMEDIAL ACTION	B. ESTIMATED COST	C. REMARKS
	\$	
	\$	
	\$	į
	\$	·
	s	
	s	
	s	·
	\$	·
D. TOTAL ESTIMATED COST		

1. ACTION	2. ACTION START DATE (mo, day, &yr)	3. ACTION END DATE (mo,day,&yr)	4. ACTION AGENCY (EPA, State Private Party)	5. COST	6. SPECIFY 311 OR OTHER ACTION; INDICATE THE MAGNITUDE OF THE WORK REQUIRED.
				\$	
				\$	
				\$	
				\$	
				S	

C. MANHOURS AND COST BY ACTION AGENCY

1. ACTION AGENCY	2. TOTAL MAN- HOURS FOR REMEDIAL ACTIVITIES	3. TOTAL COST FOR REMEDIAL ACTIVITIES
a. EPA		\$
b. STATE		s
c. PRIVATE PARTIES		s
d. OTHER (specify):		\$

\$

EPA Form T2070-5 (10-79) REVERSE

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